

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments.

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/								51			
2		/							52			
3		/							53			
4		/							54			
5		/							55			
6		/							56			
7		/							57			
8		/							58			
9	/								59			
10	/								60			
11	/								61			
12	/								62			
13	/								63			
14	/								64			
15	/								65			
16	/								66			
17	/								67			
18	/								68			
19	/								69			
20	/								70			
21	/								71			
22									72			
23									73			
24									74			
25									75			
26									76			
27									77			
28									78			
29									79			
30									80			
31									81			
32									82			
33									83			
34									84			
35									85			
36									86			
37									87			
38									88			
39									89			
40									90			
41									91			
42									92			
43									93			
44									94			
45									95			
46									96			
47									97			
48									98			
49									99			
50									100			
Total Indep	3								Total Indep			
Total Depend	18								Total Depend			
Total Claims	21								Total Claims			